

United States  
Environmental Protection  
Agency**FORM R** TOXIC CHEMICAL RELEASE  
INVENTORY REPORTING FORMSection 313 of the Emergency Planning and Community Right-to-Know Act of 1986,  
also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER

98134LSKNC32006

Toxic Chemical, Category, or Generic Name

NITRIC ACID

**WHERE TO SEND  
COMPLETED FORMS:**1. EPCRA Reporting Center  
P.O. Box 3348  
Merrifield, VA 22116-3348  
ATTN: TOXIC CHEMICAL RELEASE INVENTORY2. APPROPRIATE STATE OFFICE  
(See instructions in Appendix F)Enter "X" here if  
this is a revision**IMPORTANT: See instructions to determine when "Not  
Applicable (NA)" boxes should be checked.**

For EPA use only

**PART I. FACILITY IDENTIFICATION INFORMATION****SECTION 1.****REPORTING  
YEAR**19 93**SECTION 2. TRADE SECRET INFORMATION**

Are you claiming the toxic chemical identified on page 3 trade secret?

**2.1**☐ Yes (Answer question 2.2;  
Attach substantiation forms)No (Do not answer 2.2;  
Go to Section 3)**2.2**

If yes in 2.1, is this copy:



Sanitized



Unsanitized

**SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)**

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

W. M. ROSOW, MANAGER

Signature

WM Rosow

Date Signed

6/8/94

**SECTION 4. FACILITY IDENTIFICATION**

Facility or Establishment Name

ALASKAN COPPER WORKS

TRI Facility ID Number

98134LSKNC32006

Street Address

3200 6th Ave South

City

Seattle

County

KING

State

WA

Zip Code

98134

Mailing Address (if different from street address)

P.O. Box 3546

City

Seattle

State

WA

Zip Code

98124

PUT LABEL HERE



## EPA FORM R

## PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

98134LSKNC32006

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## SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check only one)		a. <input checked="" type="checkbox"/> An entire facility		b. <input type="checkbox"/> Part of a facility	
4.3	Technical Contact	Name	JAMES C. BROWN			Telephone Number (include area code)
						(206) 623-5800
4.4	Public Contact	Name	JAMES C. BROWN			Telephone Number (include area code)
						(206) 623-5800
4.5	SIC Code (4-digit)	a. 3498	b. 3443	c.	d.	e. f.
4.6	Latitude and Longitude	Latitude			Longitude	
		Degrees	Minutes	Seconds	Degrees	Minutes Seconds
		47°	34'	23"	122°	19' 29"
4.7	Dun & Bradstreet Number(s) (9 digits)				a. 00-925-5571	
					b.	
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)				a. WAD980738546	
					b.	
4.9	Facility NPDES Permit Number(s) (9 characters)				a. NA	
					b.	
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)				a. NA	
					b.	

## SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	
	<input type="checkbox"/> NA	ALASKAN COPPER COMPANIES, INC.
5.2	Parent Company's Dun & Bradstreet Number	
	<input type="checkbox"/> NA	(9 digits) 00-925-5571



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# EPA FORM R

## PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER

98134LSKNC32006

Toxic Chemical, Category, or Generic Name

NITRIC ACID

**SECTION 1. TOXIC CHEMICAL IDENTITY**

(Important: DO NOT complete this section if you complete Section 2 below.)

<b>1.1</b>	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)  7697-37-2
<b>1.2</b>	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)  NITRIC ACID
<b>1.3</b>	Generic Chemical Name (Important: Complete <u>only</u> if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)  NA

**SECTION 2. MIXTURE COMPONENT IDENTITY**

(Important: DO NOT complete this section if you complete Section 1 above.)

<b>2.1</b>	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)  
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**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**

(Important: Check all that apply.)

<b>3.1</b>	<b>Manufacture the toxic chemical:</b>	a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import NA	If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity
<b>3.2</b>	<b>Process the toxic chemical:</b>	a. <input type="checkbox"/> As a reactant NA b. <input type="checkbox"/> As a formulation component	c. <input type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging
<b>3.3</b>	<b>Otherwise use the toxic chemical:</b>	a. <input type="checkbox"/> As a chemical processing aid b. <input checked="" type="checkbox"/> As a manufacturing aid	c. <input type="checkbox"/> Ancillary or other use

**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR**

<b>4.1</b>	<input style="width: 50px; text-align: center;" type="text" value="02"/> (Enter two-digit code from instruction package.)
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## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

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### SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (pounds/ year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	<input type="checkbox"/> NA	A	O	
5.2	Stack or point air emissions	<input checked="" type="checkbox"/> NA			
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1	Stream or Water Body Name				
	NA				
5.3.2	Stream or Water Body Name				
	NA				
5.3.3	Stream or Water Body Name				
	NA				
5.4	Underground injections on-site	<input checked="" type="checkbox"/> NA			
5.5	Releases to land on-site				
5.5.1	Landfill	<input checked="" type="checkbox"/> NA			
5.5.2	Land treatment/ application farming	<input checked="" type="checkbox"/> NA			
5.5.3	Surface impoundment	<input checked="" type="checkbox"/> NA			
5.5.4	Other disposal	<input checked="" type="checkbox"/> NA			



Check here only if additional Section 5.3 information is provided on page 5 of this form.



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## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

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### SECTION 5.3 ADDITIONAL INFORMATION ON RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

5.3	Discharges to receiving streams or water bodies (enter one name per box)	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.3.	Stream or Water Body Name NA			
5.3.	Stream or Water Body Name NA			
5.3.	Stream or Water Body Name NA			

### SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

#### 6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

##### 6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
NA	NA

##### 6.1.B POTW Name and Location Information

6.1.B. POTW Name	6.1.B. POTW Name
NA	NA
Street Address	Street Address
City	City
County	County
State	State
Zip Code	Zip Code

If additional pages of Part II, Sections 5.3 and/or 6.1 are attached, indicate the total number of pages in this box  and indicate which Part II, Sections 5.3/6.1 page this is, here.   
(example: 1, 2, 3, etc.)



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## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

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### SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. Off-site EPA Identification Number (RCRA ID No.)			NA		
Off-Site Location Name					
Street Address					
City			County		
State		Zip Code		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)	
1.		1.		1. M	
2.		2.		2. M	
3.		3.		3. M	
4.		4.		4. M	

### SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2. Off-site EPA Identification Number (RCRA ID No.)			NA		
Off-Site Location Name					
Street Address					
City			County		
State		Zip Code		Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
A. Total Transfers (pounds/year) (enter range code or estimate)		B. Basis of Estimate (enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)	
1.		1.		1. M	
2.		2.		2. M	
3.		3.		3. M	
4.		4.		4. M	

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box ☐ and indicate which Part II, Section 6.2 page this is, here. ☐ (example: 1, 2, 3, etc.)



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## PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

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NITRIC ACID

### SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☐ Not Applicable (NA) - Check here if **no** on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
W	1 <input type="text" value="C01"/> 2 <input type="text" value="C09"/>	1	100%	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	3 <input type="text" value="C11"/> 4 <input type="text"/> 5 <input type="text"/>			
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 <input type="text"/> 2 <input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>			
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 <input type="text"/> 2 <input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>			
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 <input type="text"/> 2 <input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>			
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 <input type="text"/> 2 <input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>			
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			

If additional copies of page 7 are attached, indicate the total number of pages in this box  and indicate which page 7 this is, here.  (example: 1, 2, 3, etc.)



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**EPA FORM R****PART II. CHEMICAL-SPECIFIC  
INFORMATION (CONTINUED)**

TRI FACILITY ID NUMBER

98134LSKNC 32006

Toxic Chemical, Category, or Generic Name

NITRIC ACID

**SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES**

☒ **Not Applicable (NA)** - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

4

**SECTION 7C. ON-SITE RECYCLING PROCESSES**

☒ **Not Applicable (NA)** - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5

6

7

8

9

10





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# PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

98134LSKNC32006

Chemical, Category, or Generic Name

NITRIC ACID

## SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

All quantity estimates can be reported using up to two significant figures.		Column A 1992 (pounds/year)	Column B 1993 (pounds/year)	Column C 1994 (pounds/year)	Column D 1995 (pounds/year)
8.1	Quantity released *	6	8	5	5
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	0	0	0	0
8.6	Quantity treated on-site	14,000	12,000	12,000	12,000
8.7	Quantity treated off-site	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				0
8.9	Production ratio or activity index				1.2
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	W19	a. T04	b.	c.	
8.10.2	W29	a. T03	b.	c.	
8.10.3	W36	a. T01	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

\* Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.